

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

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|   |                                   |   |   |
|---|-----------------------------------|---|---|
| <b>1. Agency Name</b><br>City of San Jose                                 |                                   | Date Stamp<br>2016 DEC 14 PM 3:01<br><i>JP</i>  | California Form <b>802</b><br>For Official Use Only |
| Division, Department, or Region (If Applicable)<br><br>Council District 1 |                                   |   |   |
| Designated Agency Contact (Name, Title)<br>Chappie Jones, Councilmember   |                                   |   |   |
| Area Code/Phone Number<br>(408) 535-4901                                  | E-mail<br>district1@sanjoseca.gov | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: 12/14/16<br>(Month, Day, Year) |   |

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ \_\_\_\_\_

Event Description Sharks Vs. Carolina Hurricanes Date(s) 12 / 10 / 16  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Jones, Chappie  
Official's Name (Last, First)

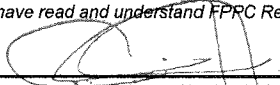
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit   | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy   |
|---|------------------------------|--|
|   |                              |  |
|   |                              |  |
|   |                              |  |
| B. Name of Individual<br><small>(Last, First)</small>                               | Number of Ticket(s)/Pass(es) | Identify one of the following:   |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. Name of Outside Organization<br><small>(include address and description)</small> | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy   |
| Disability Awareness Day Planning Committee Members                                 | 8                            | Recognize the planning committee members for their hard work in planning the Annual Disability Awareness Day Event.  |
|   |                              |  |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

|   |                           |                           |                                   |
|---|---------------------------|---------------------------|-----------------------------------|
|  | Chappie Jones             | Councilmember, District 1 | 12/14/16                          |
| <small>Signature of Agency Head or Designee</small>                                 | <small>Print Name</small> | <small>Title</small>      | <small>(Month, Day, Year)</small> |

Comment: \_\_\_\_\_

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)